

<b>CHARGE OF DISCRIMINATION</b> <small>This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.</small>	Charge Presented To:      Agency(ies) Charge No(s): <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC <b>450-2011-03745</b>
---	--

**Texas Workforce Commission Civil Rights Division** and EEOC  
State or local Agency, if any

Name (indicate Mr., Ms., Mrs.) <b>Ms. Guerivace L. Shelton</b>	Home Phone (Incl. Area Code) <b>(214) 339-4827</b>	Date of Birth <b>01-15-1958</b>
Street Address      City, State and ZIP Code <b>6746 Keswick Dr., Dallas, TX 75232</b>		

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)

Name <b>AT&amp;T</b>	No. Employees, Members <b>500 or More</b>	Phone No. (Include Area Code) <b>(214) 757-5648</b>
-------------------------	--	--

Street Address      City, State and ZIP Code <b>Southwestern Bell, 208 South Akard, Suite 2121, Dallas, TX 75202</b>	EQUAL EMPLOYMENT OPPORTUNITY COMMISSION DALLAS DISTRICT
---	---

Name	No. Employees, Members	Phone No. (Include Area Code)
------	------------------------	-------------------------------

Street Address      City, State and ZIP Code	RECEIVED
--	----------

DISCRIMINATION BASED ON (Check appropriate box(es).) <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input checked="" type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION <input type="checkbox"/> OTHER (Specify)	DATE(S) DISCRIMINATION TOOK PLACE Earliest      Latest <b>01-31-2011      07-11-2011</b> <input type="checkbox"/> CONTINUING ACTION
--	--

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)).  
**PERSONAL HARM:**

On or about January 31, 2011, April 2011, and June 2011, I was issued unfair written warnings.  
 On July 11, 2011, I was discharged.

**RESPONDENT'S REASON FOR ADVERSE ACTION:**

Issued warnings and discharged because I was accused of failing to meet stats.

**DISCRIMINATION STATEMENT:**

I believe I was discriminated against because of my age, 53, in violation of the Age Discrimination in Employment Act of 1967, as amended. I also believe I was retaliated because I filed a previous charge (450-2011-01611) in violation of Section 4(d) of the Age Discrimination in Employment Act.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.	NOTARY - When necessary for State and Local Agency Requirements
---	---

I declare under penalty of perjury that the above is true and correct. <div style="text-align: center;">                       Date: <b>2, 2011</b>  <small>Charmain Parth Simon</small> </div>	I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT:  SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)
--	--

